

Case Manager Training Manual School-Based Health Services Program 2009-2010

September 2009



**Special Education Finance
(802) 828-5111**

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Program Summary

The Medicaid School Based Health Services Program is used by the State to generate Medicaid reimbursement for medically related services provided to eligible students. Each school district can only submit claims for the students for which the district serves as the local education agency under the federal special education law (IDEIA) and is fiscally responsible. This includes students that are tuitioned by the school district to another school district whether in or out of the state of Vermont.

STUDENT ELIGIBILITY

- Student must be receiving special education services as outlined in an IEP.
- Student must be enrolled in Medicaid.
- Student must be receiving Medicaid billable services.

RELEASE OF INFORMATION

- In order to bill Medicaid, consent must be obtained from the student's legal guardian. There are three different types of consent:
 - A statement on the Medicaid application
 - A statement on the IEP
 - A Release of Information Form
- If the legal guardian checks the "I do not give permission" statement on the IEP, refuses to sign the Release of Information Form, or signs and checks the line to refuse consent for the release of information, the school district can not bill Medicaid.
- DCF has given a blanket Release of Information for students in DCF custody.
- 18 year olds must sign their own Release of Information upon turning 18, unless there is a court appointed legal guardian, in which case the court appointed legal guardian would sign the Release of Information.
- If the student is in joint custody of two legal guardians, the signatures and approval of both guardians is required on the Release of Information Form.

PHYSICIAN AUTHORIZATION FORM

- In order to bill, Medicaid requires a Physician Authorization Form, which establishes that some of the IEP services are medically necessary.
- The family physician, nurse practitioner, doctor of osteopathic medicine, a physician assistant or a consulting physician who is under contract with the school district, can sign the authorization form.
- If the school district is using a consulting physician, the legal guardian must be notified in order for the school to release the student's information to the physician.

CLAIMS FOR SCHOOL-BASED HEALTH SERVICES

- **Annual IEP** – The school district is allowed to bill a set amount for the case management involved in developing or amending the student's annual individualized education plan (Blue Form). A limit of two IEP claims in a 275-day period will be reimbursed. No reimbursement is allowed for an initial IEP unless the student was on an IFSP.
- **Special Education Reevaluation** – The school district is allowed to bill a set amount for the case management involved in conducting a special education reevaluation (Pink Form). A limit of one claim in every 910-day period will be reimbursed. No reimbursement is allowed for an initial special education evaluation unless the student was on an IFSP. No reimbursement is allowed when Form 8 is completed.

- **Billable Services:**
 - Case management
 - Developmental & assistive therapy
 - Mental health counseling (if not provided by a mental health agency)
 - Rehabilitative nursing services
 - Occupational therapy
 - Physical therapy
 - Speech, language & hearing services
 - Personal care
- **Level of Care** – The Medicaid clerk records the billable hours provided to each student according to the IEP on a Level of Care (LOC) Form. For each service, the actual hours provided in the billing period are shown on the form in order to establish a specific level of care. Services are weighted differently according to their medical relevance, the instructional group size, and whether a licensed professional or other staff member provides the service. The weighting system creates a value for the total units of service provided, the total units are classified as a level of care group 1, 2, 3, or 4. Services in excess of 42 units per week may be billed as outlier units. A monetary value is assigned to each level of care group and outlier unit.
- **LOC Periods** – There are nine LOC billing periods - August/September, October, November, December/January, February, March, April, May/June, and Extended School Year (summer services).
- **Other Billing** – If a school district is paying for a residential placement at a PNMI facility the school district may bill using the treatment portion of the PNMI rate developed for the facility. Durable medical equipment (DME) claims have a specific paper process.

STAFF DOCUMENTATION

- Documentation of each occurrence of service billed on the level of care form is required.
- The log documenting this service is signed by the provider and appropriate supervisor.
- The following services require documentation:
 - Related Services (physical therapy, occupational therapy, speech, language & hearing, vision, nutrition, mental health counseling, rehabilitative nursing services)
 - Developmental and Assistive Therapy
 - Personal Care
 - Case Management
- Professional staff members are also required to complete a provider certification agreement and provide proof of their current licensure or credentials.

SUBMISSION OF CLAIMS

- For each billing period, the Medicaid clerk collects all required documentation and completes the LOC form.
- Medicaid clerks submit the LOC, IEP and Evaluation claims electronically to EDS.
- PNMI and Durable Medical Equipment claims are submitted on paper to the Department of Education.
- EDS receives the claims and processes them for payment.
- A weekly Remittance Advice (RA) is available to the supervisory union showing which claims are paid, denied, adjusted, or put into suspension (for manual review).
- The deadline for submitting claims is six months (183 days) from the beginning date of service.

RECORDS

A Medicaid file will be maintained for each student, which will include:

- Release of Information
- Physician Authorization
- IEP and Evaluation (blue and pink) forms
- IEP (cover and service page, including consent statement)
- Form 5b, 7a or Sped Doc Amendment form for amended IEP's
- Level of Care Form, documentation logs, and progress notes
- Out-of-District Provider Certification Agreement (where applicable)

GRANTS

- Supervisory unions receive 50% of the federal Medicaid reimbursement earned for their claims.
- Reimbursement earned for claims for State-Placed Students is retained by the State.
- The reimbursement is received through monthly Medicaid grants issued by the Department of Education.
- Supervisory unions are required to distribute the funds to its member school districts based on how the funds were generated unless the supervisory union board has agreed to a different distribution or to operate a unionwide program.

Under 16 V.S.A. §2959a (e) school districts are required to use State funds for: ...reasonable costs of administering the Medicaid claims process, and for prevention and intervention programs in grades pre-K through 12. The programs shall be designed to facilitate early identification of and intervention with children with disabilities and to ensure all students achieve rigorous and challenging standards adopted in the Vermont framework of standards and learning opportunities or locally adopted standards. A school district shall provide an annual written justification to the commissioner of education of the use of the funds. Such annual submission shall show how the funds' use is expressly linked to those provisions of the school district's action plan that directly relate to improving student performance.

Release of Information

Release of Information

In order to bill Medicaid the school district must obtain consent from the student's legal guardian. There are three different types of consent that must be obtained:

- A statement on the Medicaid application
- A statement on the IEP
- A Release of Information Form

EACH OF THE ABOVE ARE REQUIRED BEFORE BILLING CAN OCCUR

MEDICAID APPLICATION (OBTAINED BY THE AGENCY OF HUMAN SERVICES)

The Medicaid application contains the following language in the Rights and Responsibilities section of the form. This consent is provided annually at the time of enrollment/reenrollment for Medicaid programs.

Consent to Bill Medicaid if Child Receives Special Education Services. I give permission to my child's school district to bill Medicaid for the specified services listed in his/her IEP. I understand that if I refuse consent, my refusal only affects Medicaid billing of IEP services; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to bill Medicaid for IEP services at any time; if I revoke this consent it will apply to billing for services from that date forward.

If a parent/guardian wishes to revoke consent they should contact the Medicaid Coordinator at (802) 828-5111.

CONSENT ON IEP SERVICE PAGE

At the time of the IEP meeting, the case manager is required to read the following Medicaid consent paragraph to the parent/guardian. This consent is obtained when an IEP is written or amended.

As parent/guardian, I give permission___or do not give permission___ to the school district to bill Medicaid for the services listed above and to release necessary special education records to a physician/nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and individuals within the Department of Education and the Agency of Human Services charged with processing Medicaid bills for those services above that are also considered medical services under Vermont Medicaid rules. I understand that if I refuse to consent, my refusal does not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time; if I revoke this consent, it will apply to billing for services from that date forward.

The school district must review this provision with the parent/guardian and ask if they would like a check mark placed next to "I give permission" or "do not give permission".

RELEASE OF INFORMATION FORM

Before billing can occur the supervisory union needs to obtain a signed Release of Information form. This form allows the school district to release special education records so a physician can determine medical necessity and so that the Department of Education and Agency of Human services can process claim submissions. The Release of Information form is valid from the date that it is signed forward. A new Release of Information form would need to be obtained if the student's legal guardian changes or the original consent is revoked.

Supervisory unions have different processes for requesting Release of Information. Best practice is to have the case manager request the Release of Information form be signed at the time of the IEP meeting. No matter what process is used, the Release of Information form should remain generic so it can be used by another supervisory union if the student moves. The Department of Education has a pamphlet available which answers the common questions a legal guardian might have about the program. The pamphlet is available at the Dept of Education website. If a Release of Information form can not be obtained at the time of the IEP meeting, the legal guardian can be contacted in writing. If the supervisory union is not able to obtain a signed Release of Information form, services can not be billed to Medicaid.

INFORMATION THAT NEEDS TO BE MAINTAINED IN THE MEDICAID FILE

A copy of the Release of Information form and a copy of the IEP with the "I give permission" statement checked need to be maintained in the Medicaid file. The Medicaid enrollment/reenrollment application does not need to be maintained by the school district.

No Medicaid claims can be submitted for a student until the Release of Information form and copy of the IEP with the "I give permission" statement are received. If both or either of these documents are missing, no claims can be submitted to Medicaid for this student.

The Department of Education recommends placing a "received date" stamp on the Release of Information form. This practice will alleviate questions if the signature date is missing or difficult to read.

This form only needs to be signed one time while the child is in the educational system unless the student's legal guardian changes. It is best practice to obtain a new Release of Information if the student has a name change. If the child transfers to a different supervisory union, copies of the student's Release of Information form and Physician Authorization form can be sent to the new supervisory union as part of the special education files.

If a supervisory union chooses to utilize a consulting physician to review/sign the Physician Authorization Form, this information should be included in the letter that is sent with the Release of Information form. Parents have the right to require that only their child's physician review the information.

18 YEAR OLD STUDENTS

When a student turns 18 they are considered their own legal guardian. In order to bill services received after the 18th birthday the student would need to sign a Release of Information form. A copy of the 18-Year-Old consent form can be found in this section.

If a student, 18 or older, has a court appointed legal guardian, that individual would need to sign a Release of Information form in order for services to be billed to Medicaid. A copy of the guardianship papers are required to be in the student's Special Education file, not in the Medicaid file.

BLANKET RELEASE OF INFORMATION FOR STUDENTS IN THE CUSTODY OF DCF.

The Commissioner of DCF (formerly SRS) has signed a consent for the release of information for any child in DCF custody. This form serves as consent for the period that a child is in DCF custody. However, the supervisory union needs to make sure that the student is in the custody of

DCF (being a State-Placed student does not mean that the student is in DCF custody). The definition of State-Placed is that the student is placed by a State agency – not just DCF. **The blanket release only applies to students in DCF custody.** Students are no longer in DCF custody once they turn 18.

Once it is confirmed that the student is in DCF custody, the Medicaid clerk makes a copy of the blanket release for the student's Medicaid file. The student's name, date of birth, Medicaid ID number, and the date the form was placed in the student's file is added to the form. This will serve as the Release of Information form until the student is no longer in DCF custody. If the student leaves DCF custody, then a Release of Information form must be on file from the student's current legal guardian. The supervisory union needs to stop submitting Medicaid claims until the Release of Information form signed by the legal guardian is obtained.

JOINT CUSTODY

When requesting consent for a student in court ordered joint custody, a Release of Information form must be signed by each legal guardian before billing can occur.

FREQUENTLY ASKED QUESTIONS

What role does the educational surrogate have in the consent process?

Students who are in the custody of a State agency have an educational surrogate parent appointed to act as their parent during the special education process. The surrogate parent can sign the Release of Information form (although not always necessary as we have the blanket DCF letter). The surrogate would also review the Medicaid billing paragraph in the IEP.

When is a Release of Information form needed from a foster parent who is adopting the student?

Once the student is legally adopted, the adoptive parent must sign a Release of Information form in order for the supervisory union to submit Medicaid claims.

If the student, who previously had a signed Release of Information form, dropped out of school and then returns to school, is a new signed Release of Information form needed?

NO, unless the child's legal guardian has changed.

If a student, at the age of 16, is considered an emancipated minor, can that student then sign the Release of Information form?

If a student has been appointed as an emancipated minor through the courts, the student must sign a Release of Information form.

How far back can I bill once I receive a signed Release of Information form?

If the individual signing the Release of Information form was the legal guardian, back billing can be submitted for any claim that is within the claim submission timely filing limit and on the current IEP.

Can I bill for a student if I have a signed Release of Information form on file, but the “I do not give permission” option is checked on the consent paragraph on the IEP?

No, billing can not be submitted when “I do not give permission” is checked on the IEP service page. The billing would stop as of the date of the IEP that has the “I do not give permission” option checked. The opposite also applies. If “I give permission” is

checked, but there is no Release of Information form on file, billing can not be submitted until the Release of Information form is obtained.

If a student turns 18 and no longer has a legal guardian do they need to review the consent paragraph in the current IEP and choose “I give permission” or “do not give permission”?

No, the consent given by the parent/guardian at the time the IEP was written is still valid. If the IEP was amended after the student turns 18, they would then be the one to give or refuse consent. This also applies in situations where students are adopted or have a change in guardianship. The consent decision made by the previous guardian would be effective until there is a new IEP or amendment.

**Release of Special Education Information for
Medicaid Billing Purposes**

Student's Name: _____

Student's Date of Birth: _____

Student's Medicaid Number (optional): _____

Parent/Guardian: _____

Student's Physician's name: _____

Physician's Address: _____

Physician's phone number: _____

I give consent to my child's school district for the release of special education evaluations, IEPs, and Medicaid claims documents to:

- ☐ **A physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and**
- ☐ **Individuals within the Department of Education and the Agency of Human Services (AHS) charged with processing Medicaid bills for medical services included in my child's IEP.**

The school district will only release the records essential for billing purposes and the above individuals will only review the documents necessary to perform their assigned tasks in the Medicaid billing process.

Consent to the release of information is voluntary. I understand that if I refuse to give consent, my refusal will only affect the **billing** for IEP medical services to Medicaid; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to release information for Medicaid billing at any time; if I revoke this consent, it will apply to billing for services from that date forward.

Check one:

_____ I **authorize** the school district to release this information.

_____ I **do not authorize** the school district to release this information.

Signature of Legal Guardian: _____ Date: _____

***NOTE--If the child is in joint custody at the time the form is requested, each legal guardian needs to sign a form before billing can occur.**

**Release of Special Education Information for
Medicaid Billing Purposes--18 Year Old Student**

Name: _____

Date of Birth: _____

Medicaid Number (optional): _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

I give consent to my school district for the release of special education evaluations, IEPs, and Medicaid claims documents to:

- **A physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and**
- **Individuals within the Department of Education and the Agency of Human Services (AHS) charged with processing Medicaid bills for medical services included in my IEP.**

The school district will only release the records essential for billing purposes and the above individuals will only review the documents necessary to perform their assigned tasks in the Medicaid billing process.

Consent to the release of information is voluntary. I understand that if I refuse to give consent, my refusal will only affect the **billing** for IEP medical services to Medicaid; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to release information for Medicaid billing at any time; if I revoke this consent, it will apply to billing for services from that date forward.

Check one:

_____ **I authorize** the school district to release this information.

_____ **I do not authorize** the school district to release this information.

Signature: _____ **Date:** _____

IEP and Evaluation Claims

IEP & Evaluation Claims

Supervisory unions are able to bill for the case management services involved in the development of subsequent IEPs and evaluations for Medicaid eligible recipients ages three to 22. A child's initial evaluation or IEP is not eligible for reimbursement

A Release of Information must be on file before an IEP or Eval claim can be submitted.

Claims for 3-Year Special Education Reevaluation (Pink Form)

Supervisory unions can submit Medicaid claims for 3-year special education reevaluations. It is suggested that this form be printed on pink paper. Reimbursement for this service is limited to once every 910-day period.

Claims for Annual IEP (Blue Form)

Supervisory unions can submit Medicaid claims for IEP development after the initial IEP. It is suggested that this form be printed on blue paper. The reimbursement for this service is limited to two in a 275-day period.

Completing an IEP or Reevaluation Claim form

The case manager needs to complete the following information on the claim form **in ink**:

1. All student information needs to be completed, such as: student's name, SS#, etc.
2. Check the appropriate box to indicate the type of IEP or Evaluation.
3. The process dates for the evaluation or IEP must be completed.
4. At least six activities must be checked, and the eligibility decision must be indicated on the evaluation claim form.
5. Sign, print name and date (mm/dd/yy) the form and submit to their Medicaid clerk.

QUESTIONS AND ANSWERS

If a student is found ineligible for special education and then is later found eligible again, is the evaluation considered an initial evaluation?

Yes, when a child is found eligible for special education and they are not on an IEP at the time of the eligibility determination, the evaluation is considered to be an initial evaluation. This is true even if they had received special education services at some point in the past.

If a student is found ineligible for special education, is the reevaluation that found the student ineligible able to be billed to Medicaid?

Yes, when a child is found eligible for special education and then later found ineligible during a reevaluation, the reevaluation that found the student ineligible is billable.

If a child moves to Vermont from another state and has been receiving special education services in the sending state, can we bill the first Vermont evaluation that is done for that child?

No, the first evaluation that is done in Vermont for a student is considered an initial evaluation even if the child has already had an evaluation in another state.

Can I bill for a Supplemental Evaluation?

No, you may only submit one pink (reevaluation) form every 910 days.

Can I bill for a form 8?

No, a form 8 is not eligible for reimbursement.

If a child moves to Vermont from another state and brings an IEP from the sending state, can a supervisory union bill the new Vermont IEP that is written for that child?

No, the first IEP that is written in Vermont for a student is not billable. This initial Vermont IEP cannot be billed as the federal government required that this service not be billed as part of Vermont's Medicaid rate negotiations.

How many IEPs can be submitted in a year?

Only two IEP's (blue forms) can be submitted in a 275-day period.

Can I bill for an amended IEP?

No, effective for billing dates 9/1/09 or later.

State Plan Billing Categories

Billing Categories

The services listed below in italics are those identified in the State Medicaid Plan for the School-Based Health Services. Only services that are provided in accordance with an IEP and fall into one of these categories are billable through the School-Based Health Services Program.

A. Assessment and Evaluation

Services for the assessment and evaluation of an existing IEP/IFSP. Services provided for the purposes of evaluating an individual's treatment needs may include medical, psychiatric, psychological, developmental and/or behavioral assessment, including the administration and interpretation of psychological tests. It may be performed by one or more of the following providers: physician, psychiatrist, psychologist, clinical social worker, school nurse, specialized therapist or a licensed or certified mental health practitioner.

B. Medical Consultation

Services provided by a licensed physician whose opinion or advice is requested in the evaluation or treatment of an individual's problem or disability.

C. Durable Medical Equipment

Items of durable medical equipment provided pursuant to an IEP may be covered subject to prior authorization requirements established by the Office of Vermont Health Access.

D. Vision Care Services

Covered services include visual analysis with refraction, and diagnostic and treatment services for diseases of the visual system.

E. Nutrition Services

Evaluation and treatment services related to a child's nutritional needs, as allowed by 42 CFR 440.130(d). Nutrition services are child-specific and must be medically necessary to treat and correct problems such as eating disorders, food intake deficits, and excessive weight gain or loss which result from other medical problems, psychological issues, metabolic diseases, etc. The service includes assistance with assessments and care plan development. Services do not include coverage of general nutritional services such as those provided by a school's hot lunch program.

F. Physical Therapy (PT)

Evaluation and treatment services for the purpose of preventing, restoring, or alleviating a lost or impaired physical function. Services are performed by or under the direction of a qualified physical therapist. A qualified physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent, and is licensed by the State of Vermont.

G. Speech, Hearing and Language Services

Evaluation and treatment services related to speech, hearing or language disorders, which result in communication disabilities. Services are performed by or under the direction of a speech-language pathologist or audiologist who has a certificate of clinical competence from the American Speech and Hearing Association, or who has the equivalent education and

work experience, or who has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

H. Occupational Therapy (OT)

Evaluation and treatment services to implement a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in daily pursuits. Services are performed by or under the direction of a qualified occupational therapist who is registered by the American Occupational Therapy Association or who is a graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and is engaged in the supplemental clinical experience required before registration by the AOTA.

I. Mental Health Counseling

Evaluation and treatment services involving mental, emotional or behavioral problems, disturbances and dysfunctions. Services are individual, group, or family counseling when provided by a psychiatrist, psychologist, clinical social worker, or other licensed or certified mental health practitioner.

J. Rehabilitative Nursing Services

Services provided by a licensed nurse including medical monitoring and provision of other medical rehabilitative services.

K. Developmental and Assistive Therapy

Services provided in order to promote normal development by correcting deficits in the child's affective, cognitive, behavioral, or psychomotor/fine motor skills development, when such services are identified in the IEP/IFSP. Services include application of techniques and methods designed to overcome disabilities, improve cognitive skills, and modify behavior. Services are furnished by or under the direction of licensed professionals who meet qualifications established by the LEA, or who meet applicable state licensure or certification requirements.

L. Personal Care

Services related to a child's physical or behavioral requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of adaptive equipment, ambulating and exercise, behavior modification, and other remedial services necessary to promote a child's ability to participate in, and benefit from, the educational setting. Services are furnished by providers who have satisfactorily completed a training program for home health aides/ nursing assistants, or other equivalent training, or who have appropriate background and experience in the provision of personal or behavioral conditions and meet qualifications established by the LEA. Personal care providers must be employed by a school, school district or supervisory union. Personal care services are not covered when provided to recipients by their parents, including natural, adoptive and stepparents.

M. Case Management

Services designed to assist children in gaining access to and coordination the delivery of medical services, including interaction with providers, monitoring treatment and interaction with parents and guardians. Services are furnished by qualified providers who, based on their education, training and experience, have been designated as such by either the Agency of Human Services, Department of Education or the LEA.

Non-Covered Services

Non-Covered Services

The following services, regardless of what they are called, have been determined to be ineligible for Medicaid funding for all programs including the School-Based Health Services program:

- Art Therapy
- Dance Therapy
- Horseback Therapy
- Movement Therapy
- Music Therapy
- Neurodevelopmental Treatment (NDT)
- Parent Counseling/Training
- Sensory Integration Therapy
- Swimming
- Vision Training Therapy
- Vocational Services (see below for more detail)

The following are non-billable for the School-Based Health Services Program:

- Services provided to incarcerated individuals
- Large Group Services
- Missed Services due to student refusal
- Transportation

To avoid duplication of payments, the following services are excluded from claiming under the School-Based Health Services program as some of the services may be claimed under the EPSDT program or paid for by Title 1 funds.

- Guidance Counseling
- Routine School Health Services
- Title 1 Services (for the time the provider is paid by Title 1 Funds)
- Services provided under a Success Beyond Six contract

The following is a list of some of the service descriptions that may be used on IEPs which fall under the general category of Vocational Services:

- Career Exploration
- Job Training
- ½ day at Tech Center
- Vocational Training
 - Automotive
 - Carpentry
 - Construction
 - Culinary Arts
 - Hairdressing
 - Woodworking

If the child needs support from a paraprofessional for 100% of the school day, the paraprofessional's time is billable as personal care, **regardless of the setting**. If the child

receives support for less than 100% of the school day, the paraprofessional's time may meet the criteria for developmental and assistive therapy, **regardless of the setting**.

This means that even if the student is receiving a non-covered service, such as a vocational service, the paraprofessional's time is allowable if the paraprofessional is performing personal care services. For developmental and assistive therapy, the paraprofessional's time could be billed if the service he/she is providing is covered by the developmental and assistive therapy definition (example-behavior modification).

When billing Developmental and Assistive Therapy or Personal Care in an excluded setting, the IEP activity must specify that the service provided is for behavior, safety, mobility, communication, reading support etc...

SERVICE DESCRIPTIONS NEEDING FURTHER CLARIFICATION

General academic services are non-covered by the School-Based Health Services Program. If any of these services are listed on the IEP, a person who knows the details of what is being provided, such as the case manager, special educator or special education director needs to determine whether the services are billable. Services needing further clarification include, but are not limited to:

- Academic Support
- Life Skills
- Organizational Skills
- Social Skills
- Study Skills
- Structured Study Hall
- Supervised Study Hall
- Supported Study Hall
- Transition
- Tutorial

DEVELOPMENTAL AND ASSISTIVE THERAPY CHECKLIST

The following questions are designed as a guide to assist in determining when a service is billable as Developmental and Assistive Therapy. The exception is that services listed as “Exclusions from School-Based Health Services Billing” are never billable.

Case Manager's Name: _____

School: _____

Student's Name: _____

IEP Initiation Date: _____

Service in Question: _____

Yes___	No___	Is the service identified by the IEP along with the duration and frequency that the service will be provided?
Yes___	No___	Is specialized instruction being provided to the student? For example, if the service is listed as “study hall” does it actually involve someone providing specialized instruction to the student or is instruction only provided when a student requests assistance?
Yes___	No___	Does the service promote normal development by correcting deficits in the child’s affective, cognitive, behavioral or psychomotor/fine motor skills?
Yes___	No___	Is the service provided by a licensed special educator or under the direction of a licensed special educator?

Case Manager's Signature: _____

Date: _____

If the answer to all of the above questions is “Yes”, and the appropriate documentation is in place, the service is billable as Developmental and Assistive Therapy. If any of the above answers are “No”, the service does not qualify for reimbursement.

IEP Wording

IEP Wording

Only those services required by the IEP are billable to Medicaid.

If the service description, provider type, frequency, duration or group size is left blank the service is not billable. Each of these fields must be completed in order to bill the service to Medicaid.

The Use of Ranges and the Words And/Or

Medicaid only allows the lowest amount of service required by the IEP to be billed. This means that if the provider, frequency, duration or group size is listed as a range only the lowest amount required can be billed.

For example: if the IEP states speech and language by a SLP, 60 minutes a week, 1:1/small group, the service can only be billed on the LOC as small group service, even if the service was provided one-on-one.

Another example: when the IEP states reading with a special educator or paraprofessional, two times a week for 30-45 minutes a session, 1:1 or small group, the service can only be billed as paraprofessional for 60 minutes small group, even if the service was provided by a special educator for 90 minutes one-on-one.

Access to, Up to, Available, As Needed...

Some IEP services are not billable to Medicaid due to the wording on the IEP. When words such as: available to, access to, up to, or as needed are used on the IEP a specific amount of time is not required and therefore not billable to Medicaid.

For example: The IEP states "adult available to assist as needed". The IEP does not require a specific service or amount of time, only that someone be available to the student. Since the student may or may not utilize the adult's assistance there is no billable service.

Another example: The IEP states "personal care aide, 5x a week, up to 6 hours per day". The IEP does not require an amount of time that the service be provided so the service is not billable.

Changes to an IEP

The following is a summary of guidance that was provided by the monitoring team in October 2007

What is an IEP amendment?

An IEP amendment is defined as a change to an IEP based on the child's need. When an IEP is amended a form 5b, form 7a or SpedDoc Amendment page must be produced. Amendments must clearly indicate the changes and when the changes are effective.

What paperwork needs to be on file for an amended IEP?

When an IEP is amended a copy of form 5b, form 7a or the SpedDoc Amendment page must be on file clearly indicating the effective date of the amendment. A copy of the amended cover or service page must also be attached.

What is a correction to an IEP?

A correction to an IEP can be made when information was omitted or typed incorrectly on the IEP form. A correction is effective the date services were initiated. The case manager must contact the parent prior to making a correction on an IEP. If the parent has the same understanding as the case manager then the IEP can be corrected and redistributed. If the parent does not agree the amendment process would need to be followed.

What paperwork needs to be on file for a correction to an IEP?

If a corrected copy of the IEP is produced by the case manager, then the original IEP should be removed from the Medicaid file.

What action is needed when the consent paragraph on the IEP is not checked?

The IEP correction process described above should be followed. This correction is effective the date the IEP is initiated.

Can the Medicaid clerk make changes to the IEP if the case manager tells them to?

No, the Medicaid clerk can never make a change, handwritten or electronically, to an IEP. It is the case manager's responsibility to make corrections to the IEP.

Documentation Logs

Documentation Logs

Provider Documentation for Each Occurrence of Services

The School-Based Health Services Program requires service documentation for each occurrence of service. The documentation is required due to audit findings by the Office of Inspector General in its review of School-Based Health Services Programs in other states. This is a general documentation requirement of Medicaid that needs to be met for the school services billed under the LOC process.

Group Size

The group size is a requirement on all of the provider documentation logs. For a professional a small group is considered a group of 2-6 students. For a paraprofessional a small group is considered a group of 2-4 students. If the group size exceeds these limits the service is considered large group and not billable to Medicaid.

Case Management Assurance Form

The form is completed by the case manager to document the actual amount of case management provided. The student and provider information needs to be completed at the top of the form. The initiation date of all IEP's and amendments being billed must be listed. The number of case management hours listed in the IEP(s) and amendments must be indicated on the form. If the case management on the IEP is written as a monthly service that is how the time should appear on the case management assurance form. The form is completed each billing period.

The assurance form needs to include the beginning and ending dates of the billing period as well as the actual hours of case management provided. This number should reflect the total hours provided during the billing period. If the student enters or exits the district during the billing period, the "to" and "from" dates should reflect the actual dates of service. Do not include time spent for the coordination and development of the IEP and evaluation process on the case management assurance form. This case management time is billed as an IEP or evaluation claim. The case manager signs and dates the form and submits it to the Medicaid clerk.

Developmental & Assistive Therapy Service Documentation Log

The form is to be completed by the individual service provider to document each service that he or she is providing. If a student has more than one developmental and assistive therapy service, a form needs to be completed for each service. If the same IEP service is delivered by more than one provider, then each provider needs to complete a separate documentation log. A separate form is completed for each billing period. If the documentation is not available, the service cannot be included on the LOC claim.

The student and provider information needs to be completed at the top of the form. The provider also indicates the specific IEP service, group size, frequency and duration being provided. Each provider is allowed to document services they provide as well as those provided by substitutes who fill in on a temporary basis. At the end of the billing period, the service provider calculates the hours of billable service provided during the billing period. Total hours are broken out between one-on-one and small group. The provider signs and dates the form.

Once the form is signed, it goes to the professional who is responsible for supervising that service to sign. The professional needs to sign, print their name and date the form. No

supervisor's signature is required for staff members who are considered professionals for Medicaid billing. The documentation form needs to be submitted to the Medicaid clerk.

Personal Care Service Documentation Log

The form is to be completed by the staff person providing the majority of these services. If services are evenly split between two people, both individuals should sign the form. Multiple Personal Care Service Documentation Logs should only be completed when the student has two full-time aides. A separate form is completed for each billing period.

In order for a service to be billed as personal care, the student's IEP must require one-on-one services for the entire school day. This may include one-on-one services by providers other than the personal care aide. The staff person must be providing at least one of the one through nine activities listed under the service types on the form. If those requirements are met, the provider can bill full-time as a personal care aide even though some of the services he or she provides may fall under developmental and assistive therapy.

The student and provider information needs to be completed at the top of the form. The provider also indicates the types of service being provided from the list at the bottom of the form. The provider records the number of hours personal care was provided each day in the calendar. The provider is allowed to document services they provide as well as those provided by substitutes who fill in on a temporary basis.

The total hours personal care service was provided during the billing period is calculated and entered in the appropriate box. The provider signs and dates the form. Once the form is signed, it goes to the professional who is responsible for supervising that service. The professional needs to sign, print their name and date the form. There can only be one personal care documentation log per billing period unless the student has multiple full-time aides. The documentation form needs to be submitted to the Medicaid clerk.

Related Services Documentation Log

Service providers can use documentation records designed for their profession as long as all the required elements for Medicaid billing are included, or use the Related Services Documentation Log. A separate form is completed by each provider for each billing period.

The student and provider information needs to be completed at the top of the form. For each day on which services are provided to the student, the date is entered and a brief description indicating what activity or service was provided. In the next column, the service provider needs to indicate whether the services were provided one-on-one or in a small group. An "I" for individual or "G" for small group should be entered for each day he or she provided Medicaid billable services to the student. Small group is considered six or less students for a professional and four or less students for a paraprofessional. The total one-on-one and small group hours are totaled and entered at the bottom of the form.

At the end of the billing period, the service provider signs the form. The provider is allowed to document services he or she provides as well as those provided by substitutes who fill in on a temporary basis. The provider signature should be the person providing the majority of the services during the month being billed. Once the form is signed and dated, it goes to the professional who is responsible for supervising that service. The professional needs to sign, print

their name and date the form. A supervisor's signature is not required for staff members who are considered professionals for Medicaid billing.

When services are being provided under the direction of a PT/OT, the student's case manager may sign the form to verify that the services were provided. The name of the PT/OT who developed the plan must be noted on the form. This can also be applied to SLP services where appropriate.

The documentation form is submitted to the Medicaid clerk.

Progress Notes

Progress notes are required for all related services billed to the School-Based Health Services Program. Progress notes can be the goals/objectives section of the IEP, a typed or handwritten note or a description of the student's progress.

Progress notes need to be completed quarterly or to coincide with the school marking period. If a progress note is not completed, future billing for the service cannot be submitted. If it is discovered that a service has been billed and progress notes were not completed, the service will need to be removed from the Level of Care Form and the claim adjusted accordingly.

Case Management Assurance

Student Information

Name: _____ Date of Birth (mm/dd/yy) _____

Diagnostic Code: _____

Provider Information

Provider Name: _____ Name of School: _____

Supervisory Union Name : _____

IEP Services Provided

Enter below the initiation date of the student's IEP and the number of hours per week listed on that IEP for Case Management Services:

IEP Initiation/Amendment Date	IEP Hours Per Week (indicate if service is monthly)

Billing Period Assurance

This assurance covers the following dates for the billing period:

From:	
To:	

I assure that I provided the following number of hours of case management during this billing period.

_____ Hours

Provider Signature: _____ **Date:** _____

Developmental & Assistive Therapy Service Documentation Log

Student Information

Name: _____ Date of Birth (Mo/Day/Year): _____

Diagnostic Code: _____

Provider Information

Provider Name: _____ Provider Title: _____

Supervisory Union: _____ Name of School: _____

IEP Service:

List the activity being provided as it appears on the IEP.

<u>IEP Activity</u>	<u>Individual or Group</u>	<u>Minutes Per Session</u>	<u>Sessions Per Week</u>	<u>Hours Per Week</u>

Developmental & Assistive Therapy service listed above was provided to this student as shown in the calendar below:

Service Dates: The numbered boxes below reflect the days of the month. Enter month and year for the month(s) of billing period. Mark an "X" for each day that the Developmental and Assistive Therapy service was provided for the minutes and group size listed above. If the minutes per session or group size are different than what is listed above, the actual minutes per session or group size should be indicated on the calendar. **For services provided in groups, only include those provided in Medicaid billable group size. For professionals, the group size must be six or less students and for paraprofessionals, the group size must be four or less students.**

DO NOT USE PENCIL OR WHITE OUT.

Month _____ Year _____

Month _____ Year _____

Use this set of dates for a two-month billing period

1	2	3	4	5	6	7		1	2	3	4	5	6	7
8	9	10	11	12	13	14		8	9	10	11	12	13	14
15	16	17	18	19	20	21		15	16	17	18	19	20	21
22	23	24	25	26	27	28		22	23	24	25	26	27	28
29	30	31						29	30	31				

Indicate the total number of hours of billable service provided during the billing period:

1:1 Service

Hours

Small Group

Hours

Provider Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Name (Printed): _____

Personal Care Service Documentation Log

Student Information

Name: _____ Date of Birth (Mo/Day/Year): _____

Diagnostic Code: _____

Personal Care Hours Per Week: _____ Does the student receive 1:1 services during their entire school week? _____

Provider Information

Provider Name: _____ Provider Title: _____

Supervisory Union: _____ Name of School: _____

The student's current IEP requires full-time 1:1 personal care services.

Service Dates: The numbered boxes below reflect the days of the month. Write the number of hours personal care was provided in the corresponding date box. DO NOT USE PENCIL OR WHITE OUT.

Month _____ Year _____	Month _____ Year _____																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					<p style="font-size: small;">Use this set of dates for a two-month billing period</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
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Total hours personal care was provided during the billing period	_____ hours																																																																						

Service Type: The 1:1 personal care support for this student includes the following activities. Check all that apply (at least one of the 1 through 9 activities must be checked in order to be considered personal care).

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Assistance w/Eating | 5. <input type="checkbox"/> Behavior Management | 9. <input type="checkbox"/> Assistive Devices |
| 2. <input type="checkbox"/> Assistance w/Toileting | 6. <input type="checkbox"/> Signing/Interpreting | 10. <input type="checkbox"/> Other: _____ |
| 3. <input type="checkbox"/> Assistance w/Dressing | 7. <input type="checkbox"/> Medication Admin. | _____ |
| 4. <input type="checkbox"/> Assistance w/Hygiene | 8. <input type="checkbox"/> Mobility/Safety | _____ |

Provider Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Name (Printed): _____

Related Services Documentation Log

For professional services including PT, OT, Speech, Language & Hearing, Vision, Nutrition, Mental Health Counseling, Rehabilitative Nursing Services.

Not for use with Developmental and Assistive Therapy or Personal Care Services.

STUDENT INFORMATION
PROVIDER INFORMATION

Name: Date of Birth: Diagnostic Code:	Provider Name: Provider Type: SU/School:
--	---

Date mm/dd/yy	Activity/Procedure/Service Brief Description	Small Group Or Individual	Minutes Per Session

Group size must be six or less students for professional services or four or less students for paraprofessional services in order to be a Medicaid billable service. Use additional pages as necessary.

DO NOT USE DITTO MARKS, ARROWS, PENCIL or WHITE OUT.

Actual hours of 1:1 services provided during the billing period	_____ hours
Actual hours of small group services provided during the billing period	_____ hours

Quarterly progress note to be completed on the back of this form.

Provider Signature: _____ **Date:** _____

Title: _____

Supervisor Signature: _____ **Date:** _____

**Supervisor Name
(Printed):** _____

Provider Type

Provider Type

When completing the level of care form and service documentation logs it is necessary to know if the individual providing the services is considered by the School-Based Health Services Program to be a professional or a paraprofessional. It is possible for an individual to be considered a professional in one category and a paraprofessional in another category. Professionals must sign a Provider Certification Form before their services can be billed and licensing information must be on file.

<u>Service Category</u>	<u>Professional Providers</u>	<u>Paraprofessional Providers (under the direction of a professional)</u>
Vision Services	Licensed Optometrist or Licensed Ophthalmologist	NA
Nutrition Services	State Certified Dietician	NA
Physical Therapy	Licensed Physical Therapist or Certified Physical Therapy Assistant	All Others
Speech, Hearing and Language Services	SLP with CCC (current or expired or the educational equivalent)	SLP without CCC All Others
Occupational Therapy	Licensed Occupational Therapist or Certified Occupational Therapy Assistant (COTA)	Occupational Therapy Assistant (OTA) All Others
Mental Health Counseling	<ul style="list-style-type: none"> ● Psychiatrist ● Psychologist ● Clinical Social Worker ● Other licensed or certified Mental Health Practitioner 	NA
Rehabilitative Nursing Services	Registered Nurse or Licensed Practical Nurse	NA
Developmental and Assistive Therapy	Licensed Special Educator (see endorsement code list on next page)	Individual with Emergency or Provisional License and all others
Personal Care	NA	All Providers
Case Management	<ul style="list-style-type: none"> ● Licensed Special Educator/SLP ● Individual with an Emergency or Provisional License 	NA

VERMONT APPROVED EDUCATOR ENDORSEMENT CODES

Each license must have one or more endorsements. An endorsement specifies the instructional level and the endorsement content area in which the license holder is authorized to perform educational services. The first digit in an endorsement code denotes the grade or age range the educator may service, and the latter two digits denote the content area. (Example: 2-05 = Grade 7-12 English)

Instructional Levels

Some instructional levels are restricted to specific endorsements. Please refer to the endorsement competencies and endorsement authorization statement (located under the endorsement name) for the instructional levels available for the endorsement. Note: Not all instructional levels can be assigned to all endorsements.

<u>Code</u>	<u>Range</u>	<u>Restrictions</u>
0	Birth through Grade 3	Early Childhood Education only
1	Grades K-6	Elementary Education only
2	Grades 7-12	No restriction
3	Grades PreK-12	No restriction
4	Grades 5-9	Middle Grades only
5	Ages 3 through age 6	Early Childhood Special Educator only
6	Ages 3 through Age 21	Education Speech Language Pathologist, Director of Special Education, Teacher of the Blind and Visually Impaired, Teacher of the Deaf and Hard of Hearing, and Intensive Special Education only.
7	Grades PreK through 6	Not available for English, Social Studies, Mathematics, Science, middle Grades
8	Grades K-8	Special Educator and Consulting Teacher only
9	Grades 5-12	Family and Consumer Science, and Design and Technology Education only
10	Grade 7 through age 21	Special Educator, consulting Teacher, and Adult Services Coordinator
11	Grade 9 through 12	Trades and Industry, Technical Professional and those marked with "*" only
12	Grades K through age 21	Special Educator, Consulting Teacher

Special Education Endorsement Content Areas

67	Teacher of the Blind and Visually Impaired	84	Educational Speech Language Pathologist
68	Teacher of the Deaf and Hard of Hearing	85	Consulting Teacher
80	Early Childhood Special Educator	86	Director of Special Education
81	Intensive Special Needs	87	*Career and Technical Special Needs Teacher
82	Special Educator		

Contact Information

Contact Information

Medicaid Enrollment Information

Health Access Member Services 1-800-250-8427

Dept of Education Medicaid Program Coordinator

Nicole Tousignant (802) 828-5111
nicole.tousignant@state.vt.us

Dept of Education Medicaid Field Representatives

(see next page for breakdown by SU)

Jennifer Leblanc (802) 988-9812
jennifer.leblanc@state.vt.us

Joan Materna (802) 865-5051
Fax # (802) 658-8191
joan.materna@state.vt.us

Cheryl Moore (802) 674-5646
cheryl.moore@state.vt.us

Jackie Vero (802) 558-1087
jacquelyn.vero@state.vt.us

Stacy Murphy (802) 828-3714
stacy.murphy@state.vt.us

Medicaid Field Representative

Each supervisory union has a field representative assigned to provide assistance and training as needed. The assignments are as follows:

<u>Field Representative</u>	<u>Supervisory Unions</u>	
Jennifer Leblanc jennifer.leblanc@state.vt.us (802) 988-9812	Caledonia North Essex Caledonia Essex North Franklin Northeast Franklin Northwest Lamoille North	Lamoille South Orleans Essex North Orleans Central Orleans Southwest St. Johnsbury
Joan Materna joan.materna@state.vt.us (802) 865-5051	Burlington Chittenden Central Chittenden South Colchester Franklin West	Franklin Ctrl (EEE) Grand Isle Milton South Burlington Winooski
Stacy Murphy stacy.murphy@state.vt.us (802) 828-3714	Barre Blue Mountain Caledonia Central Chittenden East Essex Town Franklin Central Montpelier	Orange East Orange Southwest Washington Central Washington Northeast Washington West Washington South Windsor Northwest
Jackie Vero jacquelyn.vero@state.vt.us (802) 558-1087	Addison Central Addison Northwest Addison Rutland Battenkill Bennington Rutland Rutland Central	Rutland City Rutland Northeast Rutland South Rutland Southwest Southwest Vermont
Cheryl Moore cheryl.moore.@state.vt.us (802) 674-5646	Dresden/Norwich Hartford Orange-Windsor Rivendell Rutland Windsor Springfield	Windham Central Windham Northeast Windham Southeast Windham Southwest Windsor Central Windsor Southeast Windsor Southwest
Nicole Tousignant nicole.tousignant@state.vt.us (802) 828-5111		Addison Northeast Orange North